

CENTRON SECURITY SERVICES

Daily Security Report

Chent No. Client	Location	1302 Osuesa St Utica Date 4/30/87											
Facility Detex Clock Weapon No.	Hols	er Nightsfiek	Rain	coat F	lashlight	Other			رما	0)16		<u> </u>	0 /
Officers: Fully explain all Items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	of Dol vechro				Officer—Swing Shift (Name) Officer—Swing Shift (Name) Shift				Officer-Grave Shift (Name) Shift Shift				
Observations or actions taken	Began Yes	No AMPM	Ended Explanation	AMEDI	Began Yes No	4 AMEN	Enged Explanation	12 BA-PM	negan Yes	12		nded &	. (AM)PM
Rounds or stations missed		1	z-po-tation			•	Explanation		res	1	<u> </u>	Explanation	··
Unlocked doors, gates or windows		4								1	····		
Unlocked vaults or safes		<u>'</u>				-				-			
Fire-smoke-or hazards	1									4			
Extinguishers missing or defective										1			
2. Sprinkler system defective	1									4		•	
3. Fire doors or exits blocked										1			
4. Rubbish accumulation										2			
5. Motors running	L				/	1				2	-	-	
6. Lights left burning						45 Y	equire	ed		1_	LIGHTS	out 6	' 20 ANA
Injury hazards		4			/	-	1			1	-		
Visitors	U	DAN	aneil	Blue Box		-				-			
Trespassing		4	/		/					1			
Violation of company rules		<u> </u>					•			1	•		
Remarks								·					
				*									
IMPORTANT: If you were ill or injured pl	ease explain	on the reverse sid	de of this form an	d call your sup	pervisor before	leaving this post							
1. Were you injured during this tour?		Day Shift Yes	1. Yes No	2. Yes	3. Swi	ng Shift 1.	'es No	2 Yes No	3 Gr	eve Shift	1 Yes N	2. Yes	3.
2. Did you suffer any illness?		Yes Yes	. Yes No		No Yes		'es No	Yes No	Ye	$\overline{\mathbf{x}}$		lo Yes	No
3. Have you reported all accidents coming to your attention? No yes No yes No yes No yes No yes No yes No													
Signatures 1 Skent Oct Weifer 1 Walet Dealer Wester 1 Waker Dick Yokosaki													
James 1	Sign	atures 2.			2		,		2.				
Signatures 3.								3.	3. 439105				